

LICENSE VERIFICATION QUESTIONNAIRE

_____ has made application for reciprocal licensure or endorsement as a Nursing Facility Administrator in the State of Nevada. According to the information he/she has filed, the applicant stated he/she is currently or was licensed in your State. Would you, therefore, please complete the following and return to this office within ten (10) days.

NAME _____ DATE OF BIRTH _____

HOME ADDRESS: _____

SOCIAL SECURITY NO. _____

TELEPHONE: Home – _____ Work – _____

EDUCATION: HIGH SCHOOL _____ COLLEGE _____ GRADUATE _____ POST GRADUATE _____
(MARK THE HIGHEST LEVEL)

1. ORIGINAL LICENSE NUMBER: _____ STATE: _____
Date Issued _____ Date Expires _____
 - If this is **not** the state of original license, was license through reciprocity/endorsement?
Yes No From which state? _____Status of License: Active Inactive Expired
2. DID THE APPLICANT SUCCESSFULLY COMPLETE AN ADMINISTRATOR-IN-TRAINING PROGRAM
YES NUMBER OF HOURS _____ NO
3. EXAM: PES NAB OTHER DATE _____ STATE _____
Raw Score _____ Scale Score _____
4. IS THE APPLICANT NOW IN GOOD STANDING WITH YOUR BOARD? YES NO
5. HAS THE APPLICANT EVER BEEN DISCIPLINED BY YOUR BOARD? YES NO
IF YES, PLEASE EXPLAIN: _____
6. IS THE APPLICANT CURRENTLY BEING INVESTIGATED FOR ANY POSSIBLE CRIMINAL ACTION OR
FUTURE BOARD DISCIPLINARY ACTION:
YES NO
IF YES, PLEASE EXPLAIN: _____

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT ACCORDING TO THE RECORDS OF THIS BOARD.

Signature of Executive Officer

Name of Agency

Name of Executive Officer

Address

City State Zip

SEAL

Telephone Number

RETURN TO:
**STATE OF NEVADA BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS
3157 NORTH RAINBOW BLVD., #313
LAS VEGAS, NEVADA 89108**

Revised 5/1/2007